The Commonwealth of Massachusetts
Massachusetts Board of Registration in Nursing
239 Causeway Street
Boston, MA 02114

The Clinical Expertise Advisory Panel

The charge to this group is

To provide the Members of the Board of Registration in Nursing with current additional evidence-based clinical expertise.

Criteria for appointment includes

- A current and unencumbered Massachusetts nursing license
- Current employment in nursing
- Minimum of eight years experience within the last ten years in the area of expertise
- Commitment to the Board's mission and goals
- Ability to work independently and as part of a team

Terms of appointment

- A term is for 2 years from the date of the appointment by the Board
- The appointee may serve a total of two consecutive terms
- Appointment is at the discretion of the Board

Expectations of the appointment

- Appointees & the Board will communicate primarily through email
- Appointees will attend one annual meeting at the Board office
- Appointees will respond within five (5) business days to the Board's request for input
- Appointees will keep confidential those Board communications identified as privileged information
- Appointees will maintain competency in the area of expertise

The appointment process includes submission of

- An application (provided by the Board, please see below beginning on PAGE 3)
- A current resume
- A letter of reference from someone familiar with your clinical practice

For additional information or questions please feel free to contact

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APPLICATION FOR APPOINTMENT TO THE
Clinical Expertise Advisory Panel

Name:

License status: **RN** ___ License # _____ *or* **LPN** ___ License #_____

Address:

Telephone:

Primary email address: Fax number:

Employer:

Current Position:

I would like the Board to consider this application for appointment to the Clinical Expertise Advisory Panel in the following area of clinical practice.

☐Correctional	☐Perioperative	☐Maternal-Child
☐Rehabilitation	☐Gastrointestinal	☐Wound Care
☐Long term/Sub-Acute	☐Renal	☐Oncology
☐Pulmonary	☐Critical Care	☐Neuroscience
☐Emergency	☐Cardiac	☐Psychiatric/Mental Health
☐Orthopedics	☐Ophthalmic	☐Occupational/Employee Health
☐Community	☐Gerontology	☐School Health
☐Ostomy	☐IV Therapy	☐Diabetes/diabetic education
☐Research	☐Parish Nursing	☐Peri-Natal
☐Telephone Triage	☐Vascular	☐Endocrine
☐Dermatology	☐Pediatric	☐Flight Nursing
☐HIV/AIDS ☐ Med/Surg	☐Infection Control ☐ Forensic	☐other_____

I have read and agree to the Criteria, Terms, and Expectations for Appointment to the Clinical Expertise Advisory Panel.

_____ _____
Signature & Credentials Date